Quitlines – A Best Practice for Tobacco Cessation

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Overview

- **Benchmarks & milestones**
- **Role of quitlines in advancing cessation**
- **Challenges and opportunities**

Cessation benchmarks

Smokers interested in quitting	**69%**
Past year quit attempts	**55%**
Used counseling and/or meds	**32%**
Prevalence of cessation in past yr	**6%**

Source: MMWR, Quitting Smoking Among Adults—United States, 2001–2010, November 11, 2011 / Vol. 60 / No. 44

Past year quit attempts (BRFSS)

2010: 57% in AZ

2013: 67% in AZ

Source: Lavinghouze et. al. Trends in Quit Attempts Among Adult Cigarette Smokers — United States, 2001–2013. MMWR. October 16, 2015 / 64(40);1129-35

25 years of milestones

1988 First quitline services developed (GHC, NCI)

1992 SH Zhu article, CA launches first state quitline

1996 AZ, MA, OR quitlines established

1998 MSA funds distributed to states

2002 38 state quitlines

2004 NAQC begins, CDC/NCI create national network

2005 53 state quitlines exist

2008 CDC best practices and US PHS Clinical Practice Guide published

2014 CDC best practices update

2015 USPSTF update on cessation

State Quitline Services

Treatment and Support

- Proactive counseling (100% of state quitlines)
- Medications (85% of state quitlines)
- Self-help materials (100% state quitlines)
- Chat rooms, texting, online programs (varies)

Referral Programs and Training

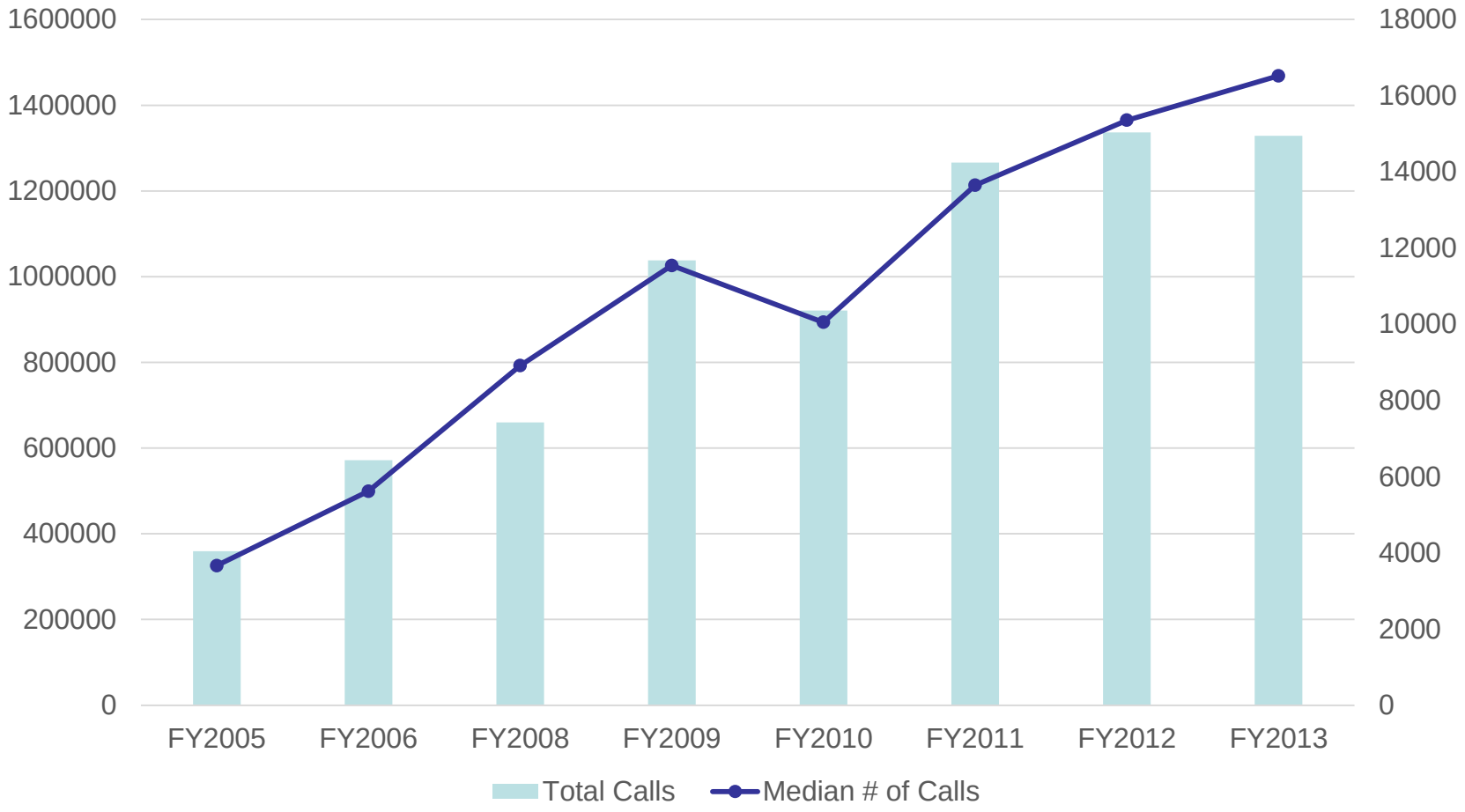
- Fax referral (100%)
- eReferral to/from EHRs (pilots underway)
- Training in tobacco cessation counseling (all)

Quitline benchmarks, 2013

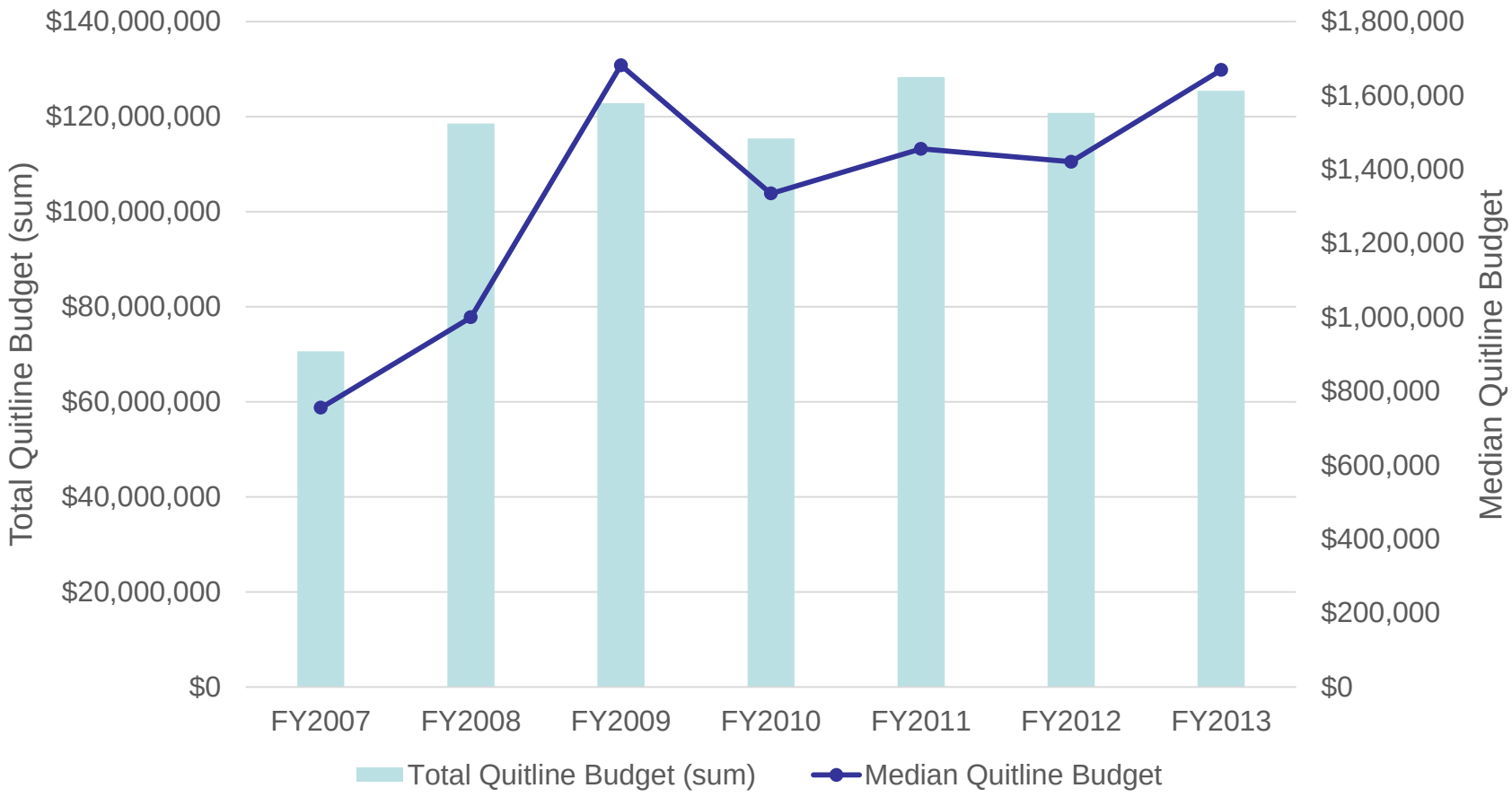
Metric	Actual	
Total number of calls	1.3 million	
Calls from tobacco users	487,846	
Referrals	184,358	
Callers rec'ing tx	427,848	
Expenditures (nationally)	$125.5M	
Benchmarks		**2015 Goals**
Treatment reach	1.08%	6%
State investment per smoker	$1.69	$10.53
Quit rate	31.6%	30%

Source: NAQC Annual Survey of Quitlines, www.naquitline.org/?page=2013Survey

Total & Median Calls to State Quitlines: FY2005 – FY2013



Median and Total (sum) State Quitline Budgets



Challenges & opportunities

Dynamic Landscape . . .

<u>Affordable Care Act</u> …. Role of state, health plans, employers in providing and paying for quitlines

<u>Meaningful Use</u> …. Partnership with healthcare

<u>Changing face of smokers</u> …. Need to be more consumer-oriented, better outreach, new technologies

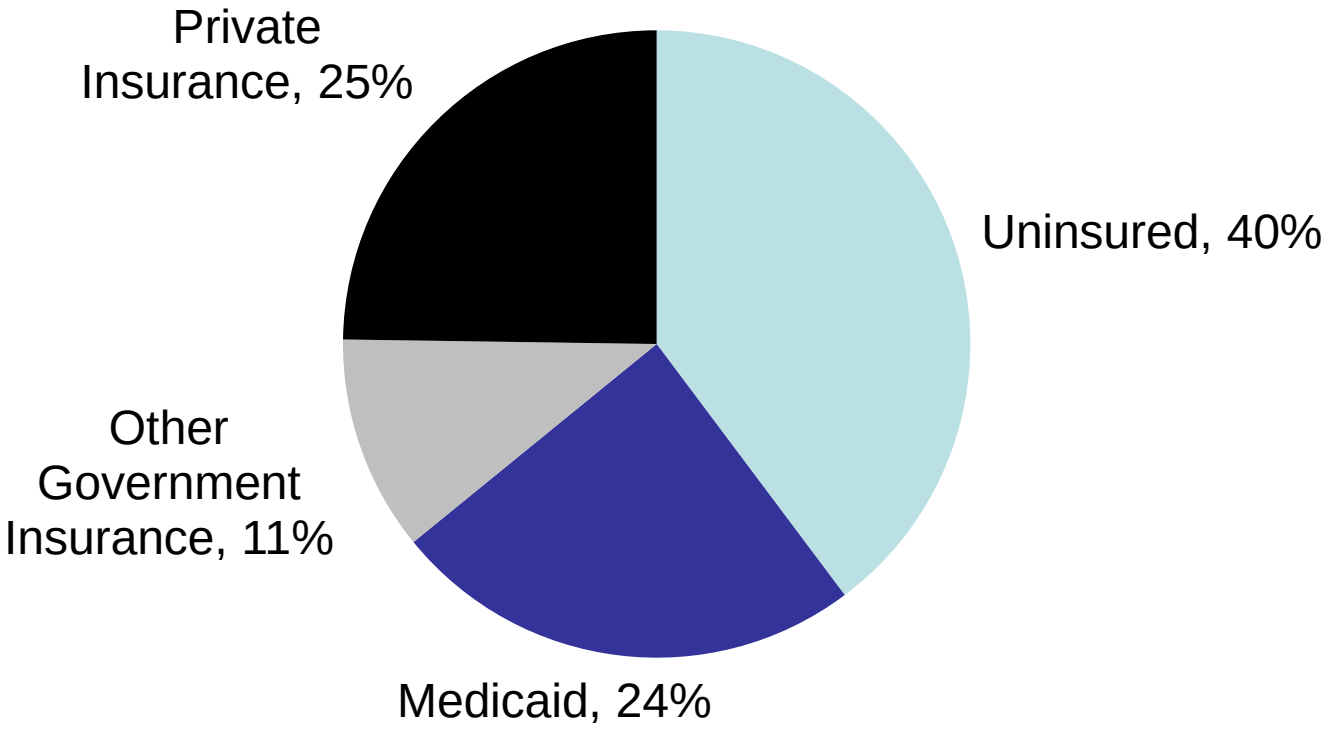
<u>New non-combustible products</u> …. Impact on cessation?

Implications of ACA

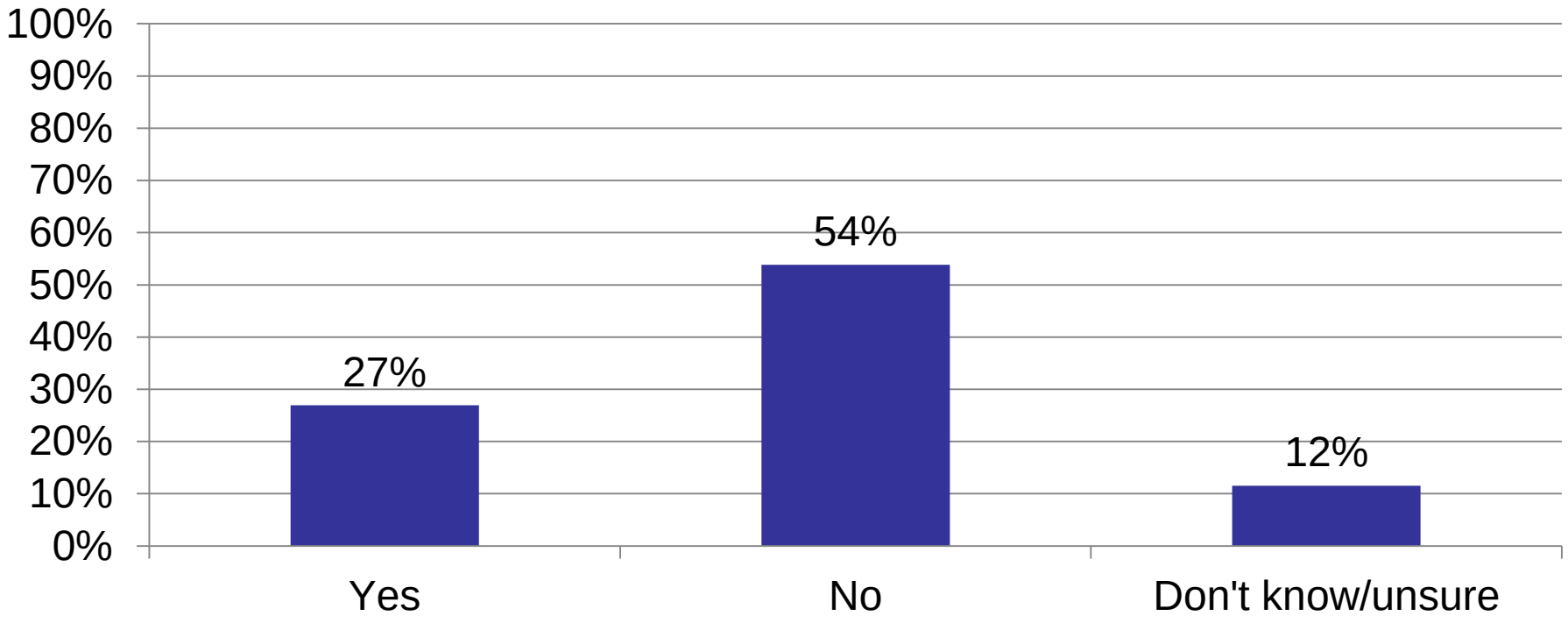
- Insurers and health plans become responsible for providing cessation treatment to all insured/members with no co-pay
- Makes the “pie” bigger, should increase availability, use of cessation services

- For quitlines:
  - Educating private insurers/health plans about the importance of cessation services
  - Offering cost-sharing for private insurers and Medicaid

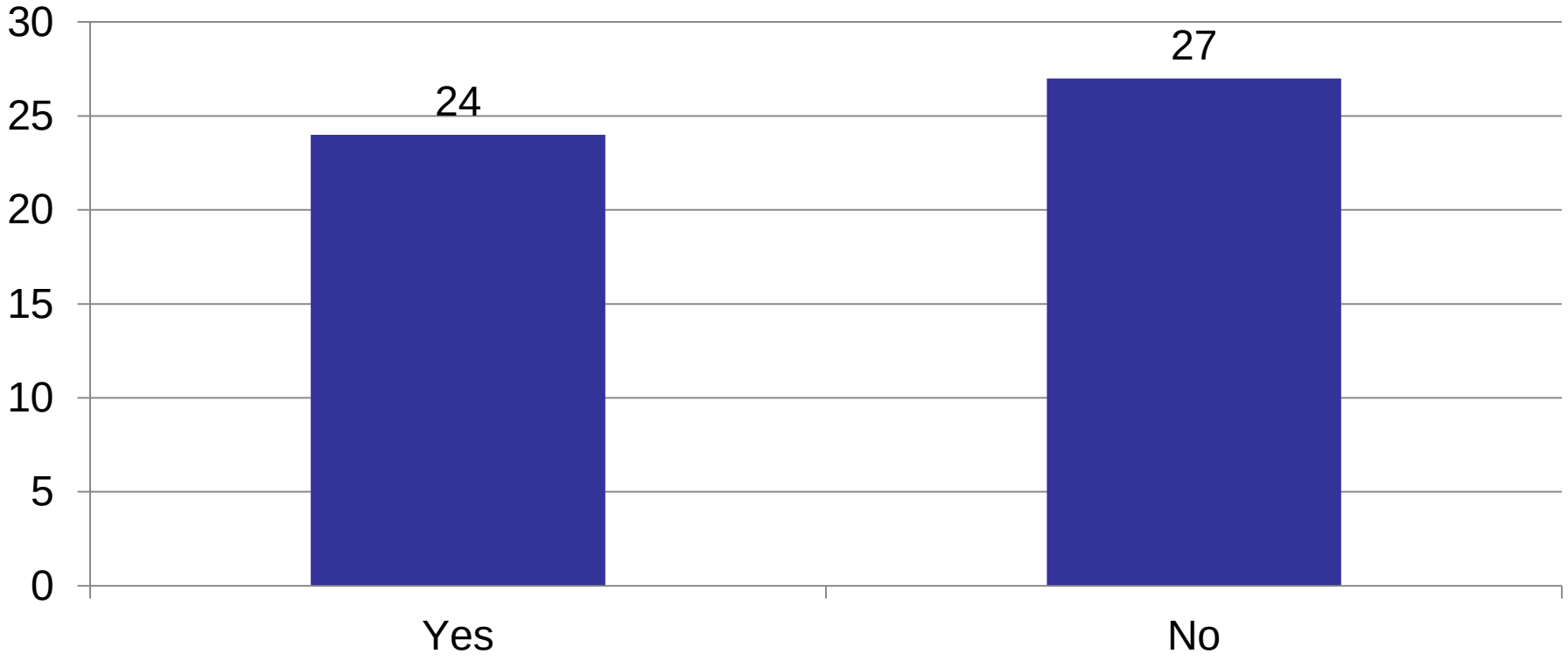
60% of State Quitline Users Were Insured in FY2012



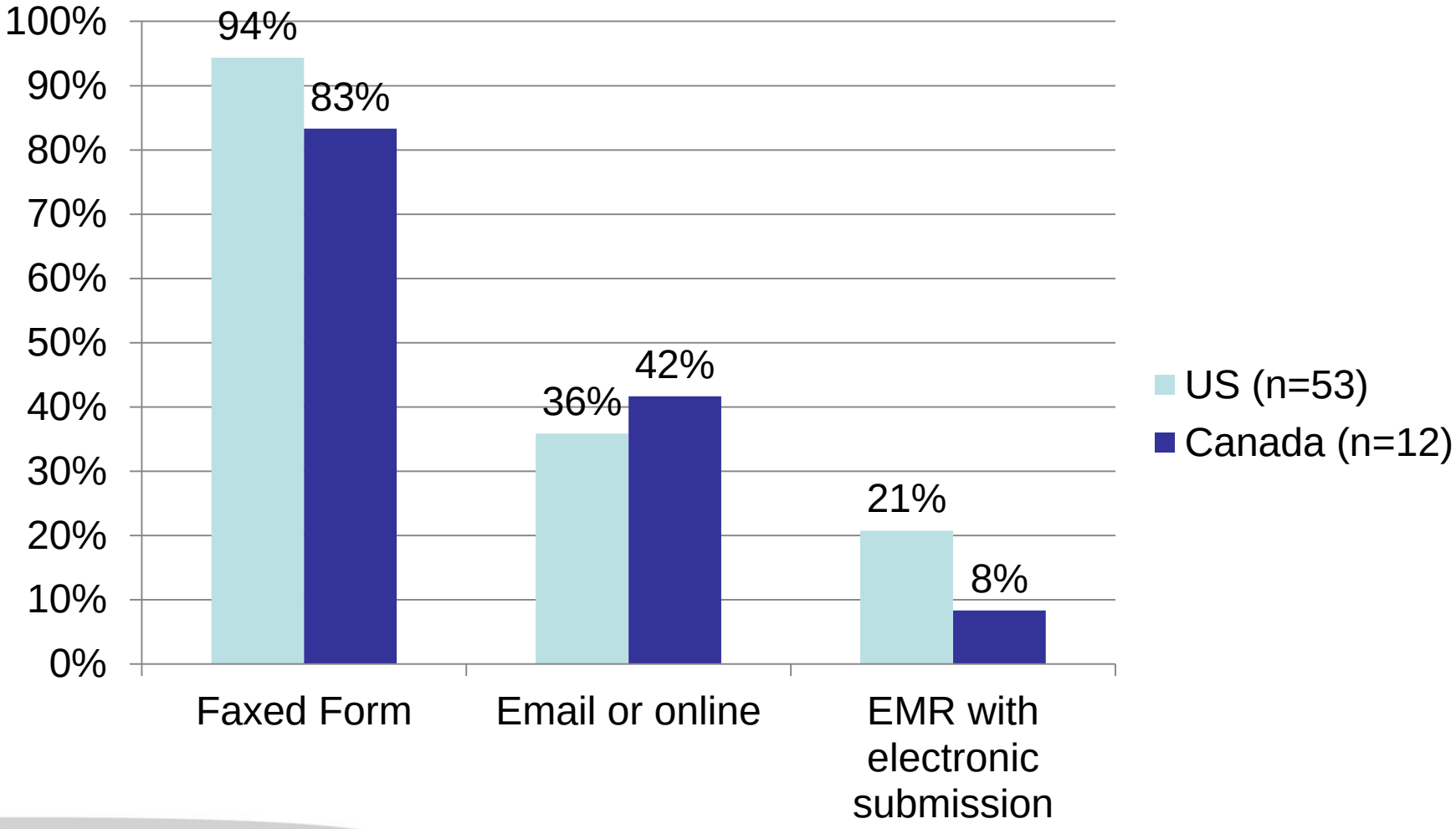
More than one-quarter of US quitlines are restricting or considering restrictions on services for insured callers



Cost sharing exists, or is in progress, for 24 US quitlines in FY2013



Current methods offered to providers to refer patients to quitlines



Treatment reach by population

Population	Proportion of Smokers Rec'ing Counseling/Meds
General Population	1.1%
African-Americans	1.0%
Am. Indian/Alaska Native	0.8%
Asian	0.5%
Hispanic/Latino	0.6%
Low SES	0.9%

Recommendations for Increasing Reach & Treatment to Priority Pops

State agencies should:

- **Develop partnerships with entities based where priority pops live**
- **Provide list of local resources, within community for smokers**
- **De-mystify quitlines through better communications with healthcare clinics and community orgs**
- **Increase recruitment, marketing and outreach to pops, especially Medicaid**

Recommendations for Increasing Reach & Treatment to Priority Pops

Quitlines should:

- **Explore new technology for improving reach, use targeted messages and multiple modes of contact**
- **Enhance referral systems to increase the number of calls and referrals**
- **Support use of NRT and adherence**
- **Increase the number of counseling sessions**
- **Make better use of in-language counseling, especially for Spanish and Asian language speakers**

Quitlines and E-Cigarettes/ENDS

- Growing interest in and questions about e-cigs among callers to quitlines (quitting, risk reduction)
- Will e-cigs/ENDS be a game changer?
- Need for science, regulation

Concluding Points

- **Cessation is a key component for reducing prevalence**
- **Implementation of ACA must result in more, not less, effective cessation service for those seeking to quit (including quitlines and face to face treatment).**
- **Quitlines must focus on:**
  - **Educating insurers/health plans about importance of cessation/quitlines and ACA requirements on cessation**
  - **Improving reach and service to priority populations**
  - **Partnership between healthcare and quitlines**